PTO/SB/21 (09-04)

Approved for use through 07/31/2006, OMB 0651-0031

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Application Number **TRANSMITTAL** Filing Date 10/28/03 First Named Inventor **FORM** Jeff Moreau Art Unit 3673

Examiner Name (to be used for all correspondence after initial filing) Frederick L. Lagman Attorney Docket Number

Tota	Number of	Pages in 1	This Submission				<u> N1569-</u>	<u>71511</u>		<i></i>
ENCLOSURES (Check all that apply)										
	Fee Attached Amendment/Reply After Final Affidavits/declaration(s)			Rem	Drawing(s) Licensing- Petition Petition to Provisiona Power of A Change of Terminal E Request fo	related Papers Convert to a Application attorney, Revoca Correspondence	tion e Address		Appea of App Appea (Appea Proprie	Enclosure(s) (please Identify
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT										
Firm N	1	Bradle	y Arant Rose 8	& White	e LLP					
_	Signature									
Printed name David E. Mixon										
October 25, 2005				···		Reg. No.	43,80	9		
CERTIFICATE OF TRANSMISSION/MAILING										
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:										
Signature										
Typed or printed name Christopher S.				. Kerley				Date	10/25/2005	

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PTO/SB/17 (12-04v2)
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905.00

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). TDANSMITTAL FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

Complete if Known					
Application Number	10/695,234				
Filing Date	10/28/2003				
First Named Inventor	Jeff Moreau				
Examiner Name	Frederick L. Lagman				
Art Unit	3673				
Attorney Docket No.	N1569-71511 +				

METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account	Deposit Accoun	t Number: <u>50-095</u>	4	Deposit A	.ccount Name:_E	Bradley Aran	t	
For the above-ident								
Charge fee(s) indicated be	elow		Char	no foo(s) indic	ated below ove	ept for the filing fee	
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under 37 CF	R 1.16 and 1.	17	·	· V Cicui	it any overpayi			
WARNING: Information on thi information and authorization	is form may be on PTO-2038	come public. Credi	t card inform	nation should n	not be included	on this form. Pr	ovide credit card	
FEE CALCULATION	-							
1. BASIC FILING, SEA	RCH AND	EXAMINATION	FFFS					
5/10/07:111110, 02/1	FILING I	FEES	SEARCI	H FEES	EXAMINA'	TION FEES		
Application Type	Fee (\$)	imall Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	<u>S</u>	mall Entity Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130		-1	
Plant				7 -		65		
	200	100	300	150	160	80	.	
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
	2. EXCESS CLAIM FEES Small Entity							
Fee Description Each claim over 20 (including R	eissues)				<u>Fee (\$)</u> 50	<u>Fee (\$)</u> 25	
Each independent cla	. •	•	ues)			200	100	
Multiple dependent of	•		,			360	180	
Total Claims	• •			aid (\$)			pendent Claims	
- 20 or HP =		_ x	_=			Fee (\$)	Fee Paid (\$)	
HP = highest number of tota	•	. •						
Indep. Claims - 3 or HP =	Extra Clair		Fee Pa	aid (\$)				
HP = highest number of inde	pendent daims	X spaid for, if greater the	_ == han 3.					
3. APPLICATION SIZE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = / 50 = (round up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): Request for cont'd examination:\$395; extension within 3rd month:\$510 905.00								

SUBMITTED BY			
Signature	No.	Registration No. (Attorney/Agent) 43,809	Telephone 256-517-5178
Name (Print/Type)	David E. Mixon		Date 10/25/2005

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